



# Top Dog Foundation Bentley Veterinary Care Grant Program

## Individual Application

**Step One**—Do you qualify?

**Step Two**—Have you applied for Care Credit, if your veterinarian accepts Care Credit?

**Step Three**—Application/Copies of Documentation

**Step Four**—Veterinarian Information and Estimate

**Step Five**—Email, Fax or Mail All Documentation to Top Dog Foundation

### Step One – Do you qualify?

Your application will be considered for a Top Dog Foundation Bentley Veterinary Care Grant if you meet the following requirements:

- The dog is age 10 and older (age 8 for giant breeds).
- The dog has not already received the treatment for which you are requesting funds.
- You have applied for Care Credit, if your veterinarian accepts Care Credit, and you have been denied for the entire estimated amount needed. <http://www.carecredit.com/vetmed/>
- Your veterinarian is unable to work with you on a payment plan for the entire amount needed.
- You are not applying for financial aid for routine care such as vaccines, heartworm preventative, nail clipping, routine office visits, etc.
- If your dog is not spayed or neutered you agree to have her/him spayed or neutered.
- The treating veterinarian is willing to accept payment by check from Top Dog Foundation after the dog has been treated and an itemized bill has been sent to Top Dog Foundation.
- The dog is not receiving elective surgery. (Elective surgery is defined as follows: Surgery that is not essential, particularly surgery to correct a condition that is not life-threatening and not causing physical pain; surgery that is not required for survival or relief from pain.)
- You and the veterinarian allow Top Dog Foundation to receive a second opinion from a veterinarian of Top Dog Foundation's choice, if we choose to do so.
- The veterinarian does not require a deposit from Top Dog Foundation.
- You are willing to provide Top Dog Foundation with proof of documents that may be required.



**Top Dog Foundation  
Bentley Veterinary Care Grant Program  
Individual Application**

**Step Two –Have you applied for Care Credit, if your veterinarian accepts Care Credit?**

[Top Dog Foundation has no affiliation with Care Credit.]

If your veterinarian accepts Care Credit, you are required to apply for Care Credit before requesting financial aid from Top Dog Foundation. You can usually apply from your veterinarian facility, or you can apply online directly from the Care Credit web site, <http://www.carecredit.com/vetmed/>. You will need to provide Top Dog Foundation with proof that you have applied for Care Credit, if your veterinarian accepts it. Be sure to provide a copy of your letter of approval or denial. If your veterinarian does not accept Care Credit, there is no need to apply for Care Credit and proceed to step three.

**Please Note:**

**WE DIRECTLY PAY THE VETERINARIAN. NO EXCEPTIONS.**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**FUNDS ARE RESERVED FOR SENIOR DOGS.**



**Top Dog Foundation**  
**Bentley Veterinary Care Grant Program**  
**Individual Application**

**Step Three – Application/Copies of Documentation**

Please complete the following form and attach any documents requested. Incomplete forms will not be processed.

First Name:		Last Name:	
Address:			
City:	State:	Zip:	
Primary Phone Number:		Fax Number:	
Secondary Phone Number:		Email Address:	
Dog's Name:	Dog's Breed:	Dog's Age (best guess):	
Briefly describe the dog's health history			
Prior care you have paid for			
How many adults are in your household? _____ Number of dogs in your household _____			
What is the annual income of the household? (Combined gross income of all adults in household. Verification needed: Copies of two most recent paycheck stubs from all sources of employment)			
\$ _____			



**Top Dog Foundation**  
**Bentley Veterinary Care Grant Program**  
**Individual Application**

Circumstances keeping you from being able to afford this dog's treatment

**Please check ALL that apply to your household and provide documentation to verify.**

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of most recent income tax form for all household members receiving income | <input type="checkbox"/> Unemployment benefits letter |
| <input type="checkbox"/> A copy of most recent pay stub(s) for all adults                               | <input type="checkbox"/> W-2 or 1099 from employer    |
| <input type="checkbox"/> SSI/SSDI benefits letter   | <input type="checkbox"/> Workmen's Compensation       |
| <input type="checkbox"/> Retirement Pension   | <input type="checkbox"/> Child Support                |
| <input type="checkbox"/> Food Stamps  | <input type="checkbox"/> Other Assistance             |
| <input type="checkbox"/> Monthly help from family/friends   |   |

How did you hear about the Bentley Vet Care Grant program?



# Top Dog Foundation

## Bentley Veterinary Care Grant Program

### Individual Application

#### Step Four – Veterinarian Information and Estimate

(Please print and give to your veterinarian to fill out and email or fax to Top Dog Foundation)

\_\_\_\_\_ is applying for a Top Dog Foundation grant for non-routine veterinary care. Funds will be provided up to a cap of \$500. Funds are paid by check to the hospital/clinic performing the treatment. Checks are sent to the hospital/clinic upon receipt and review of a faxed invoice after treatment has been provided. Top Dog Foundation will be unable to cover the costs for the following: Charges not shown in the written estimate; charges incurred prior to the applicant's approval by Top Dog Foundation; advance deposits and charges for routine wellness care such as vaccinations, nail clippings, etc. –except for spay/neuter. Your information is necessary for us to review any application for funding. Please fill out the form below and attach an estimate for treatment.

Hospital or Clinic Name:		
Address:		
City:	State:	Zip:
Veterinarian's Name:		License Number:
Phone:	Fax:	Email Address:
Owner's Name:		Dog's Name:
Dog's Breed:		Dog's Age (best guess):
Dog's Diagnosis (please attach all diagnostic procedure paperwork):		
Dog's Prognosis:		
In your professional opinion how soon should the dog receive treatment?		
Is the dog spayed or neutered? Yes / No (If not, please attach that cost to your estimate. If the dog's condition does not allow for spay or neuter, please indicate on estimate.)		
Does your office accept Care Credit? Yes / No		
Is the hospital/clinic willing to work with Top Dog Foundation's payment policies (above)? Yes / No		



**Top Dog Foundation**  
**Bentley Veterinary Care Grant Program**  
**Individual Application**

In addition to the above form, attach an estimate for treatment on your letterhead including:

1. A complete breakdown of treatment and costs including follow up care.
2. Please include any comments you might have.
3. Questions? Contact Top Dog Foundation at [admin@topdogfoundation.org](mailto:admin@topdogfoundation.org).
4. Fax all documents to 952-474-8149 or scan and email to [admin@topdogfoundation.org](mailto:admin@topdogfoundation.org)



**Top Dog Foundation  
Bentley Veterinary Care Grant Program  
Individual Application**

**Step Five - Include this sheet with your signature verifying that all information is correct to the best of your knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Should you have any questions please contact the Top Dog Foundation at [admin@topdogfoundation.org](mailto:admin@topdogfoundation.org).

**Please email scanned documents to [admin@topdogfoundation.org](mailto:admin@topdogfoundation.org), or  
fax all documents to Top Dog Foundation at 952-472-8149, or  
mail to:**

Top Dog Foundation  
Bentley Veterinary Care Grant  
5120 Vega Avenue  
New Germany, MN 55367